REMARKS

In the amendments above, Claims 12 and 13 have been amended, and new Claim 18 has been added, to more particularly point out and distinctly claim Applicants' invention. Support for new Claim 18 can be found, for example, in original Claim 12.

The Examiner states in the Office Action that the U.S. provisional application dated January 11, 1996 does not describe non-excitatory signals. Applicants respectfully disagree. Page 43, lines 7-16, of this priority document read as follows:

> "In a preferred embodiment of the invention local plateau duration is increased by applying local voltages which counteract the effect of the ionic currents. Thus, the plateau duration can be increased also at portions which are activated later in the cardiac cycle. It should be appreciated, that the local applied voltages *are not activation signals*, rather they are applied after the muscle is activated, in order to maintain its activation state for a longer period of time. Alternatively, local voltages are applied to reduce the plateau duration for oxygen starved tissue." (emphasis added)

Applicants respectfully note this text (at the same page position) is also found in the Israel application filed January 8, 1996, from which priority is also claimed.

Claims 11-15 have been rejected under 35 U.S.C. §102(b) as being anticipated by the Fromer et al. article ("Fromer"). Applicants respectfully disagree with regard to Claim 11 and submit that the Examiner did not provide a prima facie case of anticipation. Claim 11 includes the limitation of reducing the output of the chamber, not found in Fromer. In Fromer, it may be expected that when tachycardia is stopped, the output of the affected chamber will increase.

Claims 12 and 13 have been amended to add the limitation that "the non-excitatory stimulus controls the electro-mechanical activity of the tissue in the area to which the signal is applied ...." This language emphasizes the distinction from Former, where only electrical activity of the tissue is modified. See page 881, line 6, of the discussion in Fromer, where it is the effect on the AV node that is the target of the signal. This is a pure electrical effect. Controlling the AV node may change the mechanical activation of other parts of the heart in terms of affecting the timing of their mechanical activity.

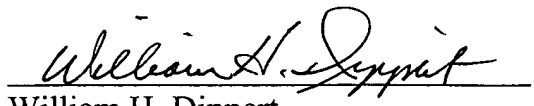
Claims 14 and 15, which depend on an allowable independent claim, should be patentable for at least the same reason as above.

Claims 13-15 have been rejected under 35 U.S.C. §102(b) as being anticipated by Scherlag, U.S. Patent No. 5,083,564 ("Scherlag"). Applicants respectfully submit that Scherlag also does not control "electro-mechanical activity of the tissue in the area to which the signal is applied ...", which limitation is found in the amended claims. Rather, only electrical activity (conduction) of the stimulated tissue (again, the AV node) is affected.

Reconsideration and allowance of Claims 9 to 18 are respectfully requested.

Respectfully submitted,

October 17, 2005



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